



## NOAA DIVING PROGRAM MEDICAL EVALUATION CHECKLIST

### TO THE APPLICANT – PLEASE PRINT CLEARLY

Last Name	First Name	Middle Name	Date of Birth
Print name of UDS		Line Office	Dive Unit
UDS e-mail:			Location

**All of the documents listed below must be included with your diving application or your periodic renewal of diving recertification. Attach all test results.**

<i>Initial Examination (all ages)</i>		<i>Periodic Examination (all ages)</i>	
	NOAA Report of Medical History form		NOAA Report of Medical History form
	NOAA Report of Physical Examination form		NOAA Report of Physical Examination form
	Chest x-ray within the last 24 months (Submit official signed interpretation, no films)		Complete Blood Count (CBC). Attach results.
	Spirometry (results and interpretation)		Complete urinalysis. Attach results.
	Complete Blood Count (CBC). Attach results.		Vision (distant and near vision results)
	Complete urinalysis. Attach results		Spirometry (Smokers Only)
	Audiogram (attach testing equipment printout)		
	Vision (distant and near vision results)		

Include for Age 40 and Older for All Examinations	
	12-Lead resting EKG (trace and interpretation)
	Hemoglobin A1C
	Lipid screening (total cholesterol, HDL, LDL, VLDL, triglycerides)

### TO THE DIVER –

I have reviewed the attached medical information and consider it to be complete.

\_\_\_\_\_  
Applicant Signature                      Date

### TO THE NDC DIVE MEDICAL OFFICER –

I have reviewed the attached medical information and have found the applicant named above to be:

\_\_\_\_\_ Fit for NOAA diving duty                      \_\_\_\_\_ Not fit for NOAA diving duty

\_\_\_\_\_  
NOAA Dive Medical Officer (print)                      Signature                      Date